VITAL STATISTICS STIFICATE OF BIRTH County Registrar No. Local Registrar No. St. If child is not yet named, supplemental report, as dissider. St. J. Date of birth Month day 14. MOTHER Full maiden name Settled Peres 15. Residence (Usual place of abode) If nonresident, give place and state 16. Color or race 17. Age at last birthday 23. (Years)
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G PHYSICIAN OR MIDWIFE
orn alive or stillborn.)
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County Registrar.